

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09 331224

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3			/				53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
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21				/			71						
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25				/			75						
26				/			76						
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32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	34	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			36				TOTAL CLAIMS						

BEST AVAILABLE COPY